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## 2026 MEDICARE GUIDE



**TURNING 65? OVER 65?**

**Building a Better Quality of Life for Senior Citizens since 1977.** The North Carolina Senior Citizens Association (NCSCA) is a nonprofit organization chartered by the state of North Carolina in 1977. The information obtained herein is to be used for general information purposes only. There are no membership dues. Royalty fees are paid to the Association for the use of its intellectual property from various companies to educate seniors on their Medicare choices. These fees are used for the general purposes of the Association. Not connected with or endorsed by the United States government or the federal Medicare program.

**QUESTIONS? CALL: 1-800-290-7535**

# CONFUSED? OVERWHELMED BY THE MEDICARE MAZE?



Medicare choices can be difficult to understand, especially if you are turning 65 or enrolling in Medicare for the first time. Medicare beneficiaries receive a lot of confusing and overwhelming information about Medicare. Don't be fooled or misled. Get the facts.

When you are fully informed, you feel more confident about taking action. And taking the right action is the key to protecting the quality of your healthcare in the coming years. To make good decisions, you need good information.

We have been helping seniors for nearly 50 years. There is **NO COST** to you for our services. Let us help you understand your Medicare choices!

## Do you know the difference between Original Medicare, Medicare Advantage and a Medicare Supplement?

### What are Your Medicare Choices?

You have **two choices** for receiving your Medicare coverage. You can get your Medicare benefits through either **Original Medicare OR Medicare Advantage**. Understanding the differences of Original Medicare and a Medicare Advantage is the **first** step in getting the coverage that is right for you and protecting the quality of your healthcare now and in the future.

### What Is Original Medicare?

Original Medicare is the **federal government-run** health insurance program for people 65 or older. One of the many benefits of turning 65 is receiving Medicare benefits regardless of your health. If you are receiving social security benefits, you will be **automatically** enrolled in Medicare Part A and Part B when you turn 65. Your Medicare benefits will become effective on the first day of your birth month. The only exception is if your 65th birthday falls on the first day of the month. In this case, your effective date would be the first day of the previous month. Your Medicare card will be mailed to you approximately three months before your 65th birthday. Under Original Medicare, the government pays healthcare providers **directly** for the services you receive. With Original

Medicare, there are **NO** network restrictions. That means you have the freedom to choose **any** doctor or hospital anywhere in the USA when you need care. When enrolled in Original Medicare you do not need to get prior approval, referral or permission from Medicare or from your primary care doctor when you need care. You just provide your red, white and blue Medicare card to receive Original Medicare services.

### What Is a Medicare Advantage Plan?

A Medicare Advantage Plan is a health insurance program run by private insurance companies contracted by Medicare. Medicare Advantage plans provide a **completely different way** to get Medicare benefits. Each Medicare Advantage Plan must provide services offered by Original Medicare, but can do so with different rules, costs and restrictions that can affect how and when you receive care. If you enroll in a Medicare Advantage Plan, there are usually **network restrictions**. This means you are required to see the healthcare providers in the Medicare Advantage network; plus, in most cases, you will need to get **prior approval** when you need care, except in case of an emergency. The insurance companies have been given the ability to make its own

claims decisions, and some claims decisions by the insurance companies have been made with profitability in mind.

### Beware of Medicare Advantage Maximum Out-of-Pocket Limit (MOOP):

The federal government sets the maximum out-of-pocket limit for Medicare Advantage Plans each year. The Maximum-Out-Of-Pocket is \$9,250 for in-network and services for 2026.

### What Is a Medicare Supplement?

Medicare supplement insurance covers some of the gaps not paid by Original Medicare Parts A and B. With Original Medicare and a Medicare supplement, you are protecting the quality of your healthcare **NOW** and in the **FUTURE**. Medicare supplement insurance provides choice, control, freedom, flexibility and value. With a Medicare supplement, there are no network restrictions. This means you can choose **any** doctor and hospital in the USA that accepts Medicare patients. All Medicare supplement insurance plan benefits are set by the federal government. This means there is no difference in the benefits you receive under one company's plan versus another. However, the prices vary widely among the various insurance companies.

# Don't Be Fooled by Medicare Advantage Plans

## See What Consumers Say

"I was told by my insurance agent to get a Medicare Advantage Plan, he told me it was just like Original Medicare, but MUCH better. It also included Dental, Vision, Hearing, etc. And best of all - NO Premium. Boy, was he WRONG! I made a BIG mistake. My doctor wanted me to have a CT Scan. It took nearly four weeks to get approval from the Advantage Plan. My doctor told me that if I had Original Medicare, my CT Scan would have been approved without ANY waiting period. — **Jo**

"I ended up paying \$9,350 out-of-pocket expenses last year. It's too late now, but if I had Original Medicare and a Medicare Supplement Plan G, my total out-of-pocket costs for the entire year would have been ONLY \$257 plus the cost of my supplement." — **Mary**

"I contacted my health care providers billing departments BEFORE entering Medicare to get their opinion on the different Medicare choices. They said to AVOID any Medicare Advantage plans through ANY company because that is where most their billing problems happen. They rarely have billing problems with Original Medicare. Plus, they accept ALL Medicare supplement Plans. Several of the health providers said they are no longer taking Medicare Advantage plan insurance." — **John**

"My recommendation is to CONTACT YOUR PROVIDERS to see what they accept and recommend BEFORE making any commitments regarding your Medicare coverage. The last thing you want is surprises after incurring expenses. Be cautious of ALL Advantage plans...Know that Medicare Advantage is not a Medicare supplement..." — **Bill**

## Beware of Agents who tell you ONLY the Good and NOT the Bad

Beware of celebrities, insurance agents, and football players on TV with sales pitches for enrolling in Medicare Advantage-related insurance. It happens every year during Medicare open enrollment: Older Americans' mailboxes and TV screens fill up with sales pitches for enrolling in Medicare Advantage-related insurance. If you call the number on the ad, you'll likely end up talking to a licensed insurance agent. The bad news is that you could be stuck for a whole year with a policy that's inappropriate for you - not only being stuck with a bad plan for an entire year but also you may NOT be eligible to switch to a Medicare Supplement policy the following year if you develop health issues. In many cases, Medicare beneficiaries are better to stay with Original Medicare and purchase a Medicare Supplement Plan.

## See What Consumer Advocates Say

**Ralph Nader**, a consumer advocate, lawyer, and author said, "The advertisements for Medicare Advantage stress that you can sometimes get perks—gym memberships, hearing aids, eyeglasses, and home-delivered meals as enticements, but they AVOID telling you that Medicare Advantage Plans are not so ready to cover serious needs for critically ill patients.

**ABC News**, said, "These plans are available in every state. However, Medicare Advantage plans are not the best fit for many Medicare beneficiaries. These plans promise big savings and better benefits, but there are some SERIOUS CONCERNS. Medicare beneficiaries who enrolled in a Medicare Advantage plan don't fully understand the impact of their decision.

**Judy Gray**, the former Outreach Coordinator for the Department of Insurance, said, "Some Medicare insurance agents are providing bad financial advice and MISLEADING seniors into buying Medicare Advantage plans that are not accepted by many doctors and hospitals. Also, seniors don't realize doctors and hospitals can opt-out of a Medicare Advantage plan at any time during the year."

**Medicare Rights Center**, a national non-profit consumer service organization, said, "Seniors don't realize that Medicare Advantage plans have provider ACCESS PROBLEMS, COVERAGE DENIALS for medical services, coverage denials for prescription drugs, limitations of the plan networks, LIMITED TREATMENT and denials for advanced cancer treatment including specialty facilities, hospitals, and cancer specialist referrals, agent marketing fraud, and erroneous claim by the insurance company that premiums have not been paid by the insured."

**American Cancer Society**, a nationwide voluntary health organization dedicated to eliminating cancer said, "If you are diagnosed with cancer, BEFORE scheduling any type of doctor's appointment or test-you should first ensure that the healthcare providers you've chosen accept your Medicare Advantage insurance plan. If they don't, you may be required to pay some or all of their costs upfront."

**Kiplinger's Retirement Report**, said, "The evidence on health care access and quality care decidedly FAVORS Original Medicare over Medicare Advantage, according to a Kaiser Family Foundation review of 40 studies published between 2005 and 2017."

# NORTH CAROLINA SENIOR CITIZENS ASSOCIATION

A Non-Profit Organization Serving Seniors Since 1977

## Medicare 101: A Simple Guide for Seniors Living in North Carolina

Parts A–D explained in plain English — plus how to choose the right Medicare plan (2026).



**What Is Medicare?** Medicare is the federal health insurance program for people age 65 and older. It helps cover hospital, medical, and prescription drug costs. Medicare is divided into four parts: A, B, C, and D.

### **Part A:** Hospital Insurance (*Deductible: \$1,736*) (*Coinsurance: Days 61-90: \$434/ Days 91-150: \$868*)

- Covers inpatient hospital stays, skilled nursing, hospice, and some home health care.
- No monthly premium if you or your spouse paid Medicare taxes for at least 40 quarters.
- With Medicare Supplement Plan G, 100% of the Part A deductible and coinsurance are fully covered.

### **Part B:** Medical Insurance (*Deductible: \$283* | *Standard Premium: 202.90/month*)

- Covers doctor visits, outpatient care, preventive services, and medical supplies.
- After meeting the \$288 deductible, Medicare pays 80% of approved charges; you pay 20%. Plan G covers the 20% coinsurance and also pays 100% any excess charges beyond Medicare's approved amounts.

### **Part C:** Medicare Advantage (*Max. Out-of-Pocket: \$9,250*) (*Average*) (*\$6,250*)

- All-in-one plans offered by private insurers.
- Often include extra benefits such as dental, vision, hearing, and fitness programs.
- Usually require you to use provider networks and get approval for certain services.
- Some plans have \$0 monthly premiums.
- When you enroll in a Medicare Advantage plan, you are no longer in Original Medicare and cannot use your red, white, and blue Medicare card.

### **Part D:** Prescription Drug Coverage (*Deductible: \$615* | *Catastrophic Cap: \$2,100*)

- Helps pay for prescription medications.
- Available as stand-alone plans or bundled with Medicare Advantage.
- In North Carolina, 6 companies offer 12 stand-alone Part D plans.
- Premiums range from \$3.60 to \$163.20 per month, with an average of about \$65.00.



#### **How to Enroll in a Medicare Prescription Drug Plan** (*Be ready with*):

- List of your prescription drugs (names, doses, and frequency)
- Your preferred pharmacy, doctor, and Medicare card

**Visit:** [www.Medicare.gov](http://www.Medicare.gov)

**Call SHIP:** 1-855-408-1212  
(Recommend)

**Call Medicare:** 1-800-633-4227

# Medicare Supplement (Plan G) vs. Medicare Advantage

FEATURE	MEDICARE SUPPLEMENT (PLAN G)	MEDICARE ADVANTAGE (PART C)
Max Out-of-Pocket (2026)	\$283 (Part B deductible only)	\$9,250 Maximum (\$6,250 Average)
How It Works	Works alongside Original Medicare (Parts A & B)	All-in-one private plan that replaces Original Medicare
Cost Predictability	Predictable costs — covers deductibles and coinsurance	Lower premiums but copays and network restrictions
Provider Access	See <b>any</b> doctor nationwide who accepts Medicare (freedom of choice)	Usually requires to use network providers (except emergencies)
Extra Benefits	Standard medical coverage only	May include dental, vision, hearing, and fitness
Prior Approval	Not required	Often required for certain services
Monthly Premium	Yes — varies by insurer	Some plans offer \$0 premium
Medicare Card	You <b>use</b> your red, white & blue Medicare card for services	You <b>no longer use</b> your red, white, and blue Medicare card for services

## How to Choose the Right Plan

*When comparing options, ask yourself:*

- Do I want freedom of choice (Supplement) or lower premiums with extras (Advantage)?
- Do I travel frequently and need nationwide coverage?
- What fits my health history and budget best?
- What matters more to me — freedom of choice with a Medicare Supplement, or extra benefits like dental, vision, and hearing with a Medicare Advantage plan?



## Medicare Plan Quotes?

*Click this link and [instantly compare your options](#) or call one of our Medicare Advisors.*



Elizabeth Landry, *Vice President*  
CSA, CMA,

**Certified Medicare Advisor**

**Email:** Elizabeth Landry

**Toll-Free:** (800) 290-7535 Ext. 750

**[Book a Phone Call](#)**



Cathy Walker, *Vice President*  
CSA, CMA

**Certified Medicare Advisor**

**Email:** Cathy Walker

**Toll-Free:** (800) 290-7535 Ext. 723

**[Book a Phone Call](#)**

**Additional Resources:** [Dental Insurance](#) • [Nursing Home Insurance](#) • [Elder Law Attorney](#)

# NORTH CAROLINA SENIOR CITIZENS ASSOCIATION

A Non-Profit Organization Serving Seniors Since 1977

## The Easy Way to Enroll in a Prescription Drug Plan (Part D) (2026)

### How to Enroll in a Medicare Prescription Drug Plan

- Call SHIP: 1-855-408-1212 (*Recommended*).
- Call Medicare: 1-800-633-4227 (TTY 1-877-486-2048).
- Visit: [www.Medicare.gov](http://www.Medicare.gov)

### Prescription Drug Coverage (Deductible: \$615 | Catastrophic Cap: \$2,100)

- Helps pay for prescription medications.
- Available as a stand-alone Part D plan (PDP) or bundled with a Medicare Advantage.
- In North Carolina, 6 companies offer 12 stand-alone Part D plans.
- Premiums range from \$3.60 to \$163.20 per month (average of about \$65).

### Smart Questions to Ask

- Which plan covers all of my medications?
- What are the monthly premium, annual deductible, and copays?
- Are my pharmacies in-network (preferred vs. standard)?
- What's my total yearly cost estimate (not just the premium)?
- Does the plan offer mail-order savings?
- What is the plan's Star Rating (quality score)?



### What to Have Ready for SHIP

- Your red, white, and blue Medicare card (Medicare Number/effective dates for Part A and Part B).
- Full legal name, date of birth, and address.
- Social Security number (for identity verification, if requested).
- Phone number and email address.
- Mailing address (if different from residence).

### Your Medication List (*very important*)



- Every prescription you take.
- Exact dosage (e.g., 10 mg, 20 mg).
- How often you take it (e.g., once daily).
- Brand or generic name (if known).
- Your preferred pharmacies (e.g., Walgreens, CVS, Walmart).
- Whether you're open to mail-order.

**ENROLL**  
In A Prescription Drug Plan  
[Click here: www.medicare.gov](http://www.medicare.gov)

# North Carolina Stand-Alone Part D Plans (2026)

Plan	Monthly Premium	Deductible	Phone
Aetna SilverScript Choice (PDP)	\$90.20	\$615	1-833-526-2445
Blue Medicare Rx Standard (PDP)	\$83.90	\$615	1-866-760-3711
Blue Medicare Rx Enhanced (PDP)	\$163.20	\$0	1-866-760-3711
Cigna HealthSpring Assurance Rx (PDP)	\$110.40	\$615	1-877-642-8212
Cigna HealthSpring Extra Rx (PDP)	\$78.00	\$615	1-877-642-8212
Humana Basic Rx (PDP)	\$6.80	\$615	1-800-706-0872
Humana Value Rx (PDP)	\$32.00	\$601	1-800-706-0872
Humana Premier Rx (PDP)	\$110.90	\$0	1-800-706-0872
AARP Medicare Rx Saver from UHC (PDP)	\$56.90	\$615	1-888-867-5564
AARP Medicare Rx Preferred from UHC (PDP)	\$119.80	\$130	1-888-867-5564
Wellcare Classic (PDP)	\$4.70	\$615	1-800-270-5320
Wellcare Value Script (PDP)	\$3.60	\$615	1-800-270-5320

## Helpful Reminders

- Premiums for stand-alone Part D plans are uniform statewide in NC; total costs vary by your medication list and pharmacy choice.
- Annual Enrollment Period: Oct 15 – Dec 7 (coverage starts Jan 1). Special Enrollment Periods may apply in certain situations.
- Have your medication list ready (name, dosage, frequency) and your preferred pharmacy to get an accurate cost comparison.



## Free Unbiased Help to Enroll in a Medicare Prescription Drug Plan

Call SHIIP: 1-855-408-1212  
(Recommended).

Call Medicare: 1-800-633-4227  
(TTY 1-877-486-2048).



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